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31130 U.S. PTO

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A/Reissue

REISSUE PATENT APPLICATION TRANSMITTAL

<b>ADDRESS TO:</b>  <b>BOX REISSUE</b> <b>COMMISSIONER FOR PATENTS</b> <b>P.O. BOX 2327</b> <b>ARLINGTON, VA 22202</b>	Attorney Docket No.: <u>38867.240561</u>
	First Named Inventor: Fenderson
	Original Patent No.: 5,990,046
	Original Patent Issue Date: November 23, 1999 (Month/Day/Year)
	Express Mail Label No.: EL 913134677 US

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**APPLICATION FOR REISSUE OF:** ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(Check applicable box)

1. ☒ Fee Transmittal Form (PTO/SB/56)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4. ☐ Drawing(s) (*proposed amendments, if appropriate*)
5. ☒ Unsigned Reissue Oath/Declaration (*original or copy*) (37 CFR 1.175)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☐ Written Consent of all Assignees (PTO/SB/53)
  - ☐ 37 CFR § 3.73(b) Statement
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

Statements verifying identity of above copies

**Accompanying Application Parts**


10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
  - ☐ Ribboned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (37 U.S.C. 119) (*if applicable*)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 1 Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (*if applicable*)
15. ☒ Preliminary Amendment (including statement of status and support for all changes to the claims).
16. ☒ Return Receipt Postcard (MPEP 503) (*Should be specifically itemized*)

17. ☐ Other

18. **CORRESPONDENCE ADDRESS**

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**CERTIFICATE OF EXPRESS MAIL**

"Express Mail" mailing label number EL 913134677 US

Date of Deposit: November 21, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:

**BOX REISSUE**, Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202.

  
Joyce D. Smith

**REISSUE APPLICATION FEE DETERMINATION RECORD PTO/SB/56**

Docket Number **38867.240561**
**Claims as Filed - Part 1**

Claims in Patent	For		Number Filed in Application	(3) Number Extra	Small Entity		Other Than a Small Entity		
					Rate	Fee	Rate		Fee
(A) 13	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))		(B) 24	**** 4	x \$ 9=	\$	OR	x \$18 =	\$ 72
(C) 2			(D) 2	* 0	x \$ 42 =	\$		x \$84 =	\$
Basic Fee (37 CFR 1.16(h))						\$ 370.00		OR	\$ 740.00
Total Filing Fee						\$	\$ 812.00		

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other Than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	Minus	**	* =	x \$9=	\$	OR	x \$18=	\$
Independent Claims (37 CFR 1.16(i))	***	Minus	*****	=	x \$42	\$		x \$84=	\$
<b>TOTAL ADDITIONAL FEE</b>						\$	OR	\$	

If the entry in (D) is less than the entry in (C), Write "0" in column 3.

If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

After any cancellation of claims

If "A" is greater than 20, use (B-A); if "A" is 20 or less use (B-20).

Highest Number of Independent Claims Previously Paid For or Number of independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account No. 16-0605 in the amount of \$ \_\_
- ☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 16-0605.
- ☒ A check in the amount of \$ 812.00 to cover the filing/additional fee is enclosed.

Date

11-21-01

Signature of Applicant, Attorney or Agent of Record

Andrew T. Meunier  
Typed or printed name